

DISADVANTAGED BUSINESS ENTERPRISE RECERTIFICATION APPLICATION

All completed applications must be returned with the appropriate requested documents listed on the Document Checklist. If, in the time between filing this application and becoming certified, there is a change in the ownership, structure, management or control of this firm you must notify the Disadvantaged Business Development – Certification Section without delay. After becoming recertified, if there is any change in the ownership, structure, management or control of this firm, the Certification Section must be notified immediately and you must file a new certification application indicating the changes along with documentation of the changes.

1. Business Name:		
2. Street Address:		
3. Mailing Address: (If different from Street Address)		
4. City:	5. State:	6. Zip Code:
7. Contact Person:	8. Title:	
9. Business Telephone: ()	10. Fax: ()	

11. Legal Structure of Business: (Check one)

- ☐ **Sole Proprietorship**
☐ **Partnership**
☐ **Corporation**
☐ **LLC**
☐ **Other (Describe)** _____

12. Federal Identification Number: (FEIN) ____ - ____ - ____ - ____ - ____

13. Describe the primary activities of the business, including any specialty: _____

14. Number of Employees: **Full-Time** ____ **Part-Time** ____

Category: ____ **Management** ____ **Professional** ____ **Clerical** ____ **Other** _____

15. Gross Receipts (Sales) for the three (3) preceding years.

Year 19_____	\$
Year 19_____	\$
Year 20_____	\$

16. List all business and office equipment, vehicles, facilities acquired within the past three (3) years and its location below:

OWNED:

Equipment/Vehicles/Office/Warehouse	Location

LEASED:

Equipment/Vehicles/Office/Warehouse	Location

17. Identify all current owners, partners or stockholders of the business.

Current Owners	Race/ Gender (*)	USC or LAPR (**)	# of Years Owned	% Ownership

(*) BL = Black AI = Asian Indian AP = Asian Pacific HI = Hispanic NA = Native American WH = White F = Female M – Male
(**) USC – United States Citizen LAPR = Legal Alien Permanent Resident

18. Complete the following information for each officer and director of the firm:

% Of time

Title	Name	Is a Director	Race/Gender	Devoted to Business
Chairman				
President				
Vice-President				
Secretary				
Treasurer				
Director				
Director				
Director				

19. Identify by name, title, race and gender those individuals responsible for financial, managerial and day-to-day decisions.

RESPONSIBILITY	NAME	TITLE	RACE/ GENDER
FINANCIAL DECISIONS:			
Check Signing			
Credit Acquisition			
Contract Signing			

MANAGEMENT DECISIONS:			
Estimating			
Bid Preparation			
Negotiating Bonds			
Negotiating Insurance			

RESPONSIBILITY	NAME	TITLE	RACE/ GENDER
MANAGEMENT			

DECISIONS: (Con't.)			
Marketing & Sales			
Hiring and Firing			
Supervising Field Operations			
Purchasing Equipment/Supplies			
Office Management			

20. Identify any owners, partners, shareholders or key individuals who has an ownership interest in or work for any other company. Please list by name, title, business name and address, product or services of the other firm and % of ownership. Attach additional sheets as needed.

Owner/Manager	Name & Address of the Other Firm	Title in the Other Firm	% of Ownership in the Other Firm	Product/Service of Other Firm

21. Identify the information required below for firms which provide services to your firm:

Name	Address and Telephone	Contact Person	Type of Service
Accountant			
Legal Firm			
Management Technical			

Name	Address and Telephone	Contact Person	Credit/Liability
Bank/Financing			
Insurance			
Bonding			

22. List current licenses and permits required to do business in Wisconsin or the local area under your business name:

Licensee Name	Number	Type	Date Issued	Expiration Date

23. Identify all other certifications the business has by including certifying agency name, date received, onsite review date and status.

Certifying Agency	Date Received	Onsite Review Date	Approved/ Denied/Pending

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DISADVANTAGED BUSINESS ENTERPRISE RECERTIFICATION AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct, and include all material information necessary to identify and explain the operation of _____, as well as the ownership, management, control, business size, and social disadvantage thereof. Further, the undersigned understands:

That any person, firm or corporation knowingly engaging in fraud, misrepresentation or attempts, direct or indirect, to evade the provisions of this chapter by providing false, misleading or fraudulent information shall, upon conviction, forfeit not less than \$2,000 nor more than \$5,000 together with the cost of prosecution, or upon default of payment, shall be imprisoned in the House of Correction or county jail not to exceed 6 months, until such forfeiture costs are paid;

That he/she understands that any material misrepresentation may be grounds for decertification and/or for terminating any contract(s) which may be awarded;

That he/she agrees to provide Milwaukee County Disadvantaged Business Development – Certification Section personnel any additional information which is deemed by them to be necessary to make an accurate determination of the business' eligibility as a disadvantaged business enterprise and understands that failure to provide any requested additional information may result in decertification;

That he/she agrees to permit the audit and/or examination of any and all books, records, or files of the business deemed necessary by Milwaukee County Disadvantaged Business Development – Certification Section personnel;

That if, after filing this application for recertification, there is a change in the ownership, structure, management or control of the firm or in any other information submitted, he/she will notify the Milwaukee County Disadvantaged Business Development – Certification Section immediately; and he/she understands that failure to do so may result in decertification of the business; and

That the recertification expiration is for three (3) years following the initial date of recertification and that annually, the business must file a "No Change" affidavit and other such documentation deemed appropriate until the expiration of certification.

_____ (Signature of Owner, Title)	_____ Date
_____ (Signature of Owner, Title)	_____ Date
_____ (Signature of Owner, Title)	_____ Date
_____ (Signature of Owner, Title)	_____ Date

On this ____ day of _____, 20 ____, in the State of _____ and County of _____ before me appear [name] _____, who being duly sworn, did execute the foregoing Affidavit, and did state that he/she was properly authorized by _____ [name of business] to execute the Affidavit and did so as his/her free act and deed.

[SEAL]

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION DATE